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|--|---|---|--|-------------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   | Docket No.<br>OSTEONICS 3.0-414 III        |             |      |
| Application No.<br>09/811,042-Conf. #5681  | Filing Date<br>March 17, 2001                       | Examiner<br>A. Ramana   | Art Unit<br>3775                           |             |      |
| Applicant(s): Stuart L. Axelson, Jr., Jose Luis Moctezuma, Kenneth A. Krackow, Matthew P. Poggie, and Gearoid Walsh  |   |   |  |             |      |
| Invention: SYSTEMS USED IN PERFORMING FEMORAL AND TIBIAL RESECTION IN KNEE SURGERY   |   |   |  |             |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |  |             |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |  |             |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |  |             |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |  |             |      |
|  | <b>Claims<br/>Remaining<br/>After<br/>Amendment</b> | <b>Highest<br/>Number<br/>Previously<br/>Paid</b>             | <b>Number<br/>Extra Claims<br/>Present</b> | <b>Rate</b> |      |
| <b>Total Claims</b>  | 27  | - 81 =  | 0  | x 52.00     | 0.00 |
| <b>Independent Claims</b>  | 5   | - 9 =   | 0  | x 220.00    | 0.00 |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>  |   |   |  |             |      |
| <b>Other fee (please specify):</b>   |   |   |  |             |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |  |             | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |  |             |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |  |             |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.  |   |   |  |             |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |  |             |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |  |             |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.  |   |   |  |             |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |  |             |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |  |             |      |
| /Scott E. Charney/<br>Scott E. Charney<br>Attorney/Agent Reg. No.: 51,548  |   |   | Dated: <u>November 8, 2010</u>             |             |      |
| LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP<br>600 South Avenue West<br>Westfield, New Jersey 07090<br>(908) 518-6336   |   |   |  |             |      |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |   |  |             |      |
| Dated: November 8, 2010  |   | Electronic Signature for Scott E. Charney: /Scott E. Charney/ |  |             |      |